Page	1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		•					
Name of Committee in Full							
LeVally for Grove City		· <u> </u>	I				
Full Name of Contributor			Registr	Registration Number, if PAC			
James R Thompson			<u> </u>				
Street Address		upation/Labor Organizati				Form (Cash, Check, etc.)	
5444 Spring Hill Road		Freight-Road				cash	
City	State	Zip Code	M _.	D	Y	Amount	
Grove City	0 0	43123	0 6	0 1	1 2	1.00	
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	7 - <u>-</u> 1.		Registr	ation Nun	aber, if Pa	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Cay	Jane	Zip Code	"	ľ		Amount	
Full Name of Contributor		<u></u>	Registr	ation Nun	ober if P.	1	
Tan Name of Contropion			Registi	ation (vuii	ioci, ii r		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
				1			
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	
Street Address	Employer/Occupation/Labor Organization*		on*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	ΙΥ	Amount	
	1	Enp code	"		Li	7 IIIIO MIR	
Full Name of Contributor			Peristr	ation Nun	ber if P	L	
Tan isance of Continued			i Cgisu.	auon man	1001, 11 1 7		
Street Address	Employer/Occupation/Labor Organization*		on*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
c.i.y		Zip code	"		Li	, mount	
Full Name of Contributor	<u> </u>		Registr	tion Nur	her if Pa	<u> </u>	
Tan Name of Continuous			itegisu.	2001111211	loci, ii i i		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
				1 1			
Full Name of Contributor	·		Registra	ation Num	ber, if PA	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
<u> </u>		<u></u>		1 1			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$	1.00
	1.00